

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from

John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER

2009-131-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:	Palmetto Coachit Tours, LLC	Telephone:	803-665-6693
Address:	2181 Wilkinson Dr. Columbia, SC 29204	Fax:	803-788-2886
Email:	palmettocoach@bellsouth.net	Other:	

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |

FORM C-AC
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
DOCKETING DEPARTMENT
101 Executive Center Drive
Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

OFFICE # (803) 896-5100 FAX # (803) 896-5199

CLASS C – CHARTER BUS

DATE 03/18, 2009

APPLICATION FOR CLASS C-CHARTER BUS CERTIFICATE

Application is hereby made for a Class C-Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Palmetto Coach & Tours, LLC

2. (a) Street Address of Applicant 2181 Wilkinson Dr.

Columbia, S.C. 29229

(b) Mailing address, if different from street address _____

(c) Telephone Number 803-665-6693

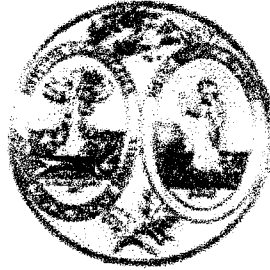
3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed list of equipment is as per Exhibit "D" included herewith.

6. Applicant is familiar with the provision of R. 103-170 through R. 103-181 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PALMETTO COACH & TOURS ,LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 13th, 2008, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 14th day of August,
2008

Mark Hammond

Mark Hammond, Secretary of State

Name

2181 WILKINSON DR.

Street

COLUMBIA

SC US

29229

City

State

Zip Code

5. ☒ Check this box if the company is to be a term company. If so, provide the term specified:
AT WILL
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

a) KAREN WILLIAMS

Name

2181 WILKINSON DR KAREN WILLIAMS

Street

COLUMBIA

SC US

29229

City

State

Zip Code

7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

Electronically filed on SCBOS.
Refer to attached signature page.

Date 2008-08-13

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Aug 14 2008

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

080814-0172

Filed: 8/13/2008

PALMETTO COACH & TOURS, LLC

Filing Fee: \$135.00 ORIG

Mark Hammond South Carolina Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
FOR A
LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is PALMETTO COACH & TOURS, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

2181 WILKINSON DR

Street Address

COLUMBIA SC

City

29229

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

KAREN WILLIAMS

Name

Electronically filed on SCBOS.

Signature not required.

Signature

and the street address in South Carolina for this initial agent for service of process is

2181 WILKINSON DR

Street Address

COLUMBIA SC

City

29229

Zip Code

4. The name and address of each organizer is

a) KAREN WILLIAMS

Name

2181 WILKINSON DR

Street

COLUMBIA

City

SC US

State

29229

Zip Code

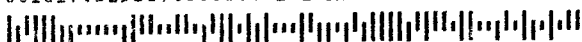
b) DARNELL WILLIAMS

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 01-30-2009

ation Number:

001617.529587.0006.001 1 MB 0.369 532



Form: SS-4

Number of this notice: CP 575 D

For assistance you may call us at:
1-800-829-4933

PALMETTO COACH & TOURS LLC
% DARNELL WILLIAMS
2181 WILKINSON DR
COLUMBIA SC 29229

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 30-0527985. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2010

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

EXHIBIT D

**STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION**

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier

Date: 03/18/09

Daniel William Palmetto Coacht Township
(Applicant)
Daniel William
(Applicant's Representative)
Dwver
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Palmetto Coach & Tours LLC

(Name of Motor Carrier)

2181 Willington Dr. Columbia, SC, 29229

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance _____

The above quoted premium is for a term of _____ months.

Minimum Limits: 16 or more passengers - 25,000/300,000/25,000
(Intrastate Only)

Lincoln General

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

See attached

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by ☒ for the limits shown:

☒ This insurance is primary and the company shall not be liable for amounts in excess of \$5,000,000.CSL for ea accident.

☐ This insurance is excess and the company shall not be liable for amounts in excess of \$_____ for each accident in excess of the underlying limit of \$_____ for each accident.

Whenever required by the Bureau or the ICC the company agrees to furnish the Bureau or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the Bureau or the ICC, to verify that the policy is in force as of a particular date. The telephone number to call is: 1-800-876-3360.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date notice is received by the ICC at its office in Washington, D.C.).

Issued to PALMETTO COACH & TOURS, LLC DBA: PALMETTO COACH 2181 WILKERSON DRIVE
of COLUMBIA, SC 29229

Dated at Melbourne, FL this 16 of January, 2009

Amending Policy No. SLSPA200300 Effective Date 01/16/2009

Name of Insurance Company STATE NATIONAL INSURANCE COMPANY

Telephone Number 717-757-0000

Countersigned by


Authorized Company Representative

The Bus Regulatory Reform Act of 1982 requires limits of financial responsibility according to vehicle seating capacity.

It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.

SCHEDULE OF LIMITS Public Liability

For hire (in interstate or foreign commerce).

Effective Date
November 19, 1985

Vehicle Seating Capacity

- 1) Any vehicle with a seating capacity of 16 passengers or more.
- 2) Any vehicle with a seating capacity of 15 passengers or less.

\$5,000,000

\$1,500,000

FORM F
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE
LIABILITY INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below.
3. This endorsement may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State Commission with which certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of Policy No. SLLPA200300

Issued by State National Insurance Company, herein called

Company, of 8200 Anderson Boulevard Fort Worth, TX 76120

PALMETTO COACH & TOURS, LLC DBA: PALMETTO COACH 2181 WILKERSON DRIVE
 to COLUMBIA, SC 29229 of

Dated at Melbourne FL this 16 day of January 2009

Countersigned by *Foster*

(Authorized Representative)

X = INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIERS BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED				
ALABAMA	ILLINOIS	MONTANA	RHODE ISLAND	
ALASKA	INDIANA	NEBRASKA	SOUTH CAROLINA	
ARIZONA	IOWA	NEVADA	SOUTH DAKOTA	
ARKANSAS	KANSAS	NEW HAMPSHIRE	TENNESSEE	
CALIFORNIA	KENTUCKY	NEW JERSEY	TEXAS	
COLORADO	LOUISIANA	NEW MEXICO	UTAH	
CONNECTICUT	MAINE	NEW YORK	VERMONT	
DELAWARE	MARYLAND	NORTH CAROLINA	VIRGINIA	
DIST. OF COLUMBIA	MASSACHUSETTS	NORTH DAKOTA	WASHINGTON	
FLORIDA	MICHIGAN	OHIO	WEST VIRGINIA	
GEORGIA	MINNESOTA	OKLAHOMA	WISCONSIN	
HAWAII	MISSISSIPPI	OREGON	WYOMING	
IDAHO	MISSOURI	PENNSYLVANIA	MC688468	X

**ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTION 18 OF THE BUS REGULATORY REFORM ACT OF 1982**

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT includes continuous or repeated exposure to conditions which results in Public Liability which the insured neither expected nor intended insured neither expected nor intended.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a for-hire motor

MOTOR CARRIER means a for-hire carrier of passengers by motor vehicle.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

PUBLIC LIABILITY means liability for bodily injury or property damage.

carrier of passengers, with Section 18 of the Bus Regulatory Reform Act of 1982 and the rules and regulations of the Federal Motor Carrier Safety Administration.

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Section 18 of the Bus Regulatory Reform Act of 1982 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded for public liability does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo.

It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

EXHIBIT FWA

Name:

Palmetto Coach Tours

U.S.D.O.T. No. 1778787

ICC No.

668468

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
- Yes X No _____ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory X
Conditional _____
Unsatisfactory _____
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
- Yes _____ No X
3. Are there currently any outstanding judgement(s) against Applicant?
- Yes _____ No X
(If "yes", indicate nature of judgement(s).)
4. Is Applicant familiar with all insurance regulations and safety regulations, governing charter bus carrier operations in South Carolina and does applicant agree to operate in compliance with these regulations?
- Yes X No _____
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
- Yes X No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

APPLICANT'S OATH

I, Darnell Williams verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record Of Annual Inspection forms on file at the company's primary place of business. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Darnell Williams
(Applicant's Signature)

Sworn to before me

This 23 day of MAR, 2009

[Signature]
(Notary Public)

Commission Expires:

MY COMMISSION EXPIRES
FEBRUARY 27, 2012

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

(Applicant's name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
___ YES	___ NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines as well as all applicable State laws and regulations relating to the safe operation of commercial motor vehicles.

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

APPLICANT'S OATH

I, Daniel Williams verify under penalty of perjury under the laws of the State of South

Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Sworn to before me

this 23 day of MAR 2009

[Signature]

Notary Public

MY COMMISSION EXPIRES
FEBRUARY 27, 2012

Daniel Williams
Signature of Applicant

(Not Legal Representative)

PSC 12/2008

FORM C-AC

Personal Identification Information

Name of Applicant: _____

Address: _____

Federal Employer Identification Number: _____

***** Confidential *****



US DOT #
1778787

Legal: DARNELL E WILLIAMS
Operating (DBA): PALMETTO COACH

MC/MX #: 668468

Federal Tax ID:

Review Type: Safety Audit - New Entrant - Receipt

Scope: Entire Operation

Location of Review/Audit: Company facility in the U. S.

Territory:

Operation Types Interstate Intrastate

Carrier: Non-HM N/A
Shipper: N/A N/A
Cargo Tank: N/A

Business: Corporation
Gross Revenue: \$15,000.00

for year ending: 12/31/2008

Company Physical Address:

2181 WILKERSON DRIVE
COLUMBIA, SC 29229

Contact Name:

Phone numbers: (1) 803- 788-2886

(2) 803-665-6693

Fax 803- 788-2886

E-Mail Address:

Company Mailing Address:

2181 WILKERSON DRIVE
COLUMBIA, SC 29229

Report Summary

Report

of Pages

Part A - General
Part B - Questions & Answers
Part B - Proposed Result
Part B - Recommendations
Review/Audit Receipt Page

2

7

1

2

1

Total Pages

13

Disclaimer: By signing below, I acknowledge that I have received a copy of this review/audit and agree with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit, however they have been discussed in detail with me.

QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the Office of Motor Carriers at:

S.C. Department of Motor Vehicles/Motor Carrier Services
10311 Wilson Blvd. or PO Box 1498 Blythewood, SC 29016-0027
Phone: (803)896-2696 FAX: (803)896-8002

This SAFETY AUDIT will be used to assess your safety compliance.

Person(s) Interviewed

Name: Darnell E. Williams

Name:

Title: Owner

Title:

Reported By:

Received By:

Title:

Code: SC0162

Date: 3/18/2009

Title: Owner





US DOT #
1778787

Legal: DARNELL E WILLIAMS
Operating (DBA): PALMETTO COACH

MC/MX #: 668468

Federal Tax ID

Review Type: Safety Audit - New Entrant

Scope: Entire Operation

Location of Review/Audit: Company facility in the U. S.

Territory:

Operation Types Interstate Intrastate

Carrier: Non-HM N/A
Shipper: N/A N/A
Cargo Tank: N/A

Business: Corporation
Gross Revenue: \$15,000.00

for year ending: 12/31/2008

Company Physical Address:

2181 WILKERSON DRIVE
COLUMBIA, SC 29229

Contact Name:

Phone numbers: (1) 803- 788-2886

(2) 803-665-6693

Fax 803- 788-2886

E-Mail Address:

Company Mailing Address:

2181 WILKERSON DRIVE
COLUMBIA, SC 29229

Carrier Classification

Authorized for Hire

Cargo Classification

Passengers

Does carrier transport placardable quantities of HM? No

Is an HM Permit required? N/A

Driver Information

	Inter	Intra
< 100 Miles:		
>= 100 Miles:	1	

Average trip leased drivers/month: 0

Total Drivers: 1

CDL Drivers: 1

Equipment

	Owned	Term Leased	Trip Leased
Motor Coach	1	0	0

Owned	Term Leased	Trip Leased
-------	-------------	-------------

Power units used in the U.S.: 1

Percentage of time used in the U.S.: 100





PALMETTO COACH (DARNELL E WILLIAMS dba)
U.S. DOT #: 1778787

Review Date:
03/18/2009

Part B

Your Proposed Safety Audit Result is: **PASS**

Explanation of Scoring Methodology

Factor	Failed Questions		Performance Test Status	Total Points	Factor Status
	Critical	Acute			
1. General	0	0	-	0	PASS
2. Driver	1	0	-	1	PASS
3. Operations	0	0	-	0	PASS
4. Maintenance	0	0	PASS	0	PASS
5. Hazardous Materials	-	-	-	-	-
6. Accidents	-	-	PASS - 0.00	-	PASS
SUM	1	0		1	PASS

Result: Carrier has adequate basic safety management controls in place.

NOTE: Carrier has the right to request a review of this determination if there are factual or procedural disputes.

HOW THE SA IS SCORED

FACTORS - The Federal Motor Carrier Safety and Federal Hazardous Material Regulations are categorized into six factors. Multiple questions address the various factors. The Part B Question && Answer Report lists the CFR section numbers related to each question.

CRITICAL/ACUTE - Questions are also defined as CRITICAL, ACUTE or neither depending on the significance of the underlying regulation. Questions are assigned a point value if they are incorrectly answered. Critical = 1 and Acute = 1.5. The point values are summed for each factor. Any factor with a point value of 3 or more is marked "FAILED".

OUT OF SERVICE (OOS) RATE - The Driver/Vehicle OOS rate is used in factor #4 as another question. If there have been more than three level 1, 2, or 5 North American Standard Inspections conducted over the past year, they will be summarized. If the summed OOS rate is over 34%, one additional point is assigned to that factor.

CRASH FACTOR - Carriers are defined as urban or non-urban in order to compensate for the higher crash risk of urban operations. Urban carriers are defined as those that operate within a 100 air-mile radius. The crash rate for a carrier is calculated as accidents per million miles traveled. Factor #6 is "FAILED" if the urban carrier crash rate exceeds 1.7 or the non-urban carrier crash rate exceeds 1.5.

OVERALL STATUS DETERMINATION - Any carrier with 3 or more "FAILED" factors is deemed to have failed the Safety Audit by having inadequate safety management controls in place to operate in the U.S.

